



CENTRON SECURITY SERVICES

Daily Security Report

Client No. 2036	Client Name O. H. METALS	Location 1002 Oswego, ST. UTICA, N.Y.	Date 7/25/87																						
Facility Equipment 1	Detox Clock No.	Weapon No.	Holster No.	Nightstick No.	Raincoat 1	Flashlight 1	Other 3 keys, Log Book & Phone																		
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) Kenneth Halif		Officer—Swing Shift (Name) R Dealog		Officer—Grave Shift (Name) Joseph Churnett																			
Shift Began AM-PM Ended AM-PM		Shift Began AM-PM Ended AM-PM		Shift Began AM-PM Ended AM-PM		Shift Began AM-PM Ended AM-PM																			
Observations or actions taken		Yes	No	Explanation		Yes	No	Explanation		Yes	No	Explanation													
Rounds or stations missed			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
Unlocked doors, gates or windows			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
Unlocked vaults or safes			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
Fire-smoke-or hazards			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
1. Extinguishers missing or defective			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
2. Sprinkler system defective			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
3. Fire doors or exits blocked			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
4. Rubbish accumulation			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
5. Motors running			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	As Req.													
6. Lights left burning			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	AS required				<input checked="" type="checkbox"/>														
Injury hazards			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
Visitors Capt. Miller — brought chair to Dept. 9:50 AM.			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CAPT. Miller													
Trespassing			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
Violation of company rules			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
Remarks																									
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.																									
1. Were you injured during this tour?		Day Shift	1.	Yes	No	2.	Yes	No	3.	Swing Shift	1.	Yes	No	2.	Yes	No	3.	Grave Shift	1.	Yes	No	2.	Yes	No	3.
		Yes	<input checked="" type="checkbox"/>				Yes	<input checked="" type="checkbox"/>			Yes	<input checked="" type="checkbox"/>			Yes	<input checked="" type="checkbox"/>			Yes	<input checked="" type="checkbox"/>			Yes	<input checked="" type="checkbox"/>	
2. Did you suffer any illness?		Yes	<input checked="" type="checkbox"/>				Yes	<input checked="" type="checkbox"/>			Yes	<input checked="" type="checkbox"/>			Yes	<input checked="" type="checkbox"/>			Yes	<input checked="" type="checkbox"/>			Yes	<input checked="" type="checkbox"/>	
3. Have you reported all accidents coming to your attention?		Yes	<input checked="" type="checkbox"/>				Yes	<input checked="" type="checkbox"/>			Yes	<input checked="" type="checkbox"/>			Yes	<input checked="" type="checkbox"/>			Yes	<input checked="" type="checkbox"/>			Yes	<input checked="" type="checkbox"/>	
Michael M. Miller apt.		Signatures	1.	Kenneth Halif						Signatures 1. Robert Dealog						Signatures 1. Joseph Churnett									
12:30 A		Signatures	2.							Signatures 2.						Signatures 2.									
		Signatures	3.							Signatures 3.						Signatures 3.									

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